

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor:

COMMUNITY ACTION AGENCY OF WESTERN CT, INC.

Contractor Address:

66 NORTH STREET, DANBURY, CT 06810

Contract Number:

034C-HHD-28 / 14DSS1301ZO

Amendment Number:

A1

Amount as Amended:

\$415,876

Contract Term as Amended:

10/1/14 - 9/30/16

The contract between **Community Action Agency of Western Connecticut**, Inc. (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and signed by the Office of the Attorney General on 12 /8 /14, is hereby amended as follows:

- 1. The total maximum amount payable under this contract is increased by \$202,933.00 from \$212,943.00 to \$415,876.00. This increase is to continue to provide HHD services to the Danbury, Stamford and Norwalk catchment service areas.
- 2. The Contractor shall adhere to the budget as modified on page(s) 3 through 6 of this amendment.
- 3. The term of the contract is extended for an additional one (1) year and the end date of the contract is changed from 9/30/15 to 9/30/16.
- 4. During the contract period ending 9/30/2016, Part I, Section A.1 Description of Services of the original contract shall include at least an additional 300 clients (individuals) and 25 families receiving services in the Danbury service area; an additional 65 clients in the Stamford service area; and an additional 80 clients in the Norwalk service area.
- 5. Part I, Section A.4.d on page 4 of the original contract shall be deleted and replaced with the following subsection:
 - d. Certified Medical Aide Programs: The Contractor will coordinate with State and local vocational or technical schools to assist clients with the schools' enrollment or entrance processes into their Certified Nurse's Aide, Medical Assistant or Patient Care Technician programs. Component activities will include but are not

limited to tutorial support, job placement and counseling, client 'follow-up' activities to ensure 'job-retention' and referrals to other social support services (e.g. day care, parental education programs, and energy assistance providers).

- 6. The following subsection shall be appended to Part I, Section A.4 on page 4 of the original contract:
 - e. The aforementioned services will hereinafter be referred to as the "Program".
- 7. Part I, Section E. Client Based Outcomes and Measures, shall reflect the following revised measure at Outcome iv. Measure a. for each of the three (3) service areas: At least 50% of the clients in the Program in need of an improved employment situation that enroll in an English as a Second Language (ESL) certification course, will complete the ESL certification course.

This document constitutes an amendment to the above numbered contract. All provisions of that contract, except those explicitly changed above by this amendment, shall remain in full force and effect.

PART I

COMPOSITE FINANCIAL SUMMARY

PROGRAM NAME:	Hispanic Human Development		
PROGRAM NUMBER:	14DSS1301Z0/034C-HHD-28		

			Requested	Adjustments	Approved
	Contract Amount				
	For Amendments On				
	Previously Approved Contract	Amount	\$ 212,943	\$ 202,933	
	Amount of Amendment				\$ 415,87
.ine #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	UNIT RATE	(/	(1.7)	(-)	(-7
	1a. Bed Days				
	1b. Client Advocate	¥			
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE		\$ 100 mm (100 mm) (10		
2	CONTRACTUAL SERVICES			The state of the s	
	2a. Accounting	4.044		2.455	
	2b. Legal	4,011 2,589		3,155	
	Independent Audit Other Contractual Services	2,589		2,082 1,262	
	TOTAL CONTRACTUAL SERVICES		6,600	6,499	11,83
	TOTAL CONTRACTUAL SERVICES		0,000	0,499	11,03
3	ADMINISTRATION	10 10 cm 110 cm x 11	e com frequenc		
	3a. Admin. Salaries	:=:			
	3b. Admin. Fringe Benefits	S#			
	3c. Admin. Overhead	13,782		13,199	(0)
	TOTAL ADMINISTRATION		13,782	13,199	26,98
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	129,598		112,773	
	4b. Program Fringe Benefits	40,831		34,960	
	TOTAL DIRECT PROGRAM		170,429	147,733	318,162
5	OTHER COSTS				
	5a. Program Rent	11,500		13,388	
	5b. Consumable Supplies	3,067		5,242	
	5c. Travel & Transportation	670		658	
	5d. Utilities	637		1,210	7
	5e. Repairs & Maintenance	2,652		3,026	
	5f. Insurance	757		2,019	
	5g. Food & Related Costs				
	5h. Other Project Expenses	2,850		9,959	
	TOTAL OTHER COSTS		22,132	35,502	57,634
6	EQUIPMENT				
7	PROGRAM INCOME	36			
	7a. Fees		1		
	7b. Other Income				
	TOTAL PROGRAM INCOME	*	***************************************		
8	TOTAL NET PROGRAM COST		212,943	202,933	415,876

DANBURY SERVICE AREA FINANCIAL SUMMARY HHD - Danbury

PROGRAM NAME: <u>HHD - Danbury</u>
PROGRAM NUMBER: 14DSS1301Z0/034C-HHD-28

PROGRAM NUMBER:			14DSS1301Z0/034C-HHD-28			
			Requested	Adjustments	Approved	
	Contract Amount		\$ 87,450	\$ 83,203	Approved	
	For Amendments O	nly				
	Previously Approved Contract				T T	
	Adjustments & New Contract				\$ 170,653	
Line i		Subcategory	Line Item Total	Adjustments	Revised Total	
		(a)	(b)	(c)	(d)	
1	UNIT RATE	(-7			(-)	
	1a. Bed Days			m vir. 0-ml-v		
	1b. Client Advocate					
	1c. Security Deposit			8:	-	
	1d. Other Unit Rate Costs					
	TOTAL UNIT RATE					
2	CONTRACTUAL SERVICES					
	2a. Accounting				71 71 71 71 71 71 71 71	
	2b. Legal	1,954		1,330		
	2c. Independent Audit	1,178		878		
	2d. Other Contractual Services			532		
	TOTAL CONTRACTUAL SERVICES	* :	3,132	2,740	5,872	
3	ADMINISTRATION		1			
	3a. Admin. Salaries		HERE M. DOLL - INCOME SHOW SHOWS THE ISSUES THE NEW	ERROR CONTRACTOR OF THE SECOND CONTRACTOR OF T		
	3b. Admin. Fringe Benefits					
	3c. Admin. Overhead	6,714		5678		
	TOTAL ADMINISTRATION		6,714	5,678	12,392	
4	DIRECT PROGRAM STAFF					
	4a. Program Salaries	50,990		48,038		
	4b. Program Fringe Benefits	17,846		14,892		
	TOTAL DIRECT PROGRAM		68,836	62,930	131,766	
5	OTHER COSTS	,				
	5a. Program Rent	1,292		905		
	5b. Consumable Supplies	2,455		1,993		
	5c. Travel & Transportation	550		258		
	5d. Utilities	310		1,064		
	5e. Repairs & Maintenance	1,292		2,660		
	5f. Insurance	369		851		
	5g. Food & Related Costs	-		-		
	5h. Other Project Expenses	2,500		4124		
	TOTAL OTHER COSTS		8,768	11,855	20,623	
6	EQUIPMENT					
7	PROGRAM INCOME		*	31 - 1 - 3 - 12 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -		
	7a. Fees	X-1		5		
	7b. Other Income					
	TOTAL PROGRAM INCOME					
8	TOTAL NET PROGRAM COST		87,450	83,203	170,653	

STAMFORD SERVICE AREA FINANCIAL SUMMARY HHD - Stamford

PROGRAM NAME:

PROGRAM NUMBER: 14DSS1301Z0/034C-HHD-28

			Requested	Adjustments	Approved
	Contract Amount		\$ 32,756	\$ 30,440	7.661.010.0
	For Amendments O	nlv			
	Previously Approved Contract				
	Adjustments & New Contract				\$ 63,196
Line #		Subcategory	Line Item Total	Adjustments	Revised Total
		(a)	(b)	(c)	(d)
1	UNIT RATE		· · · · · · · · · · · · · · · · · · ·		
	1a. Bed Days		- 100 - cert - row stands - German		
	1b. Client Advocate				
	1c. Security Deposit				11
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	CONTRACTUAL SERVICES		(4-1,1-4-1) 2-1(1-4-4-1) 2-1		
	2a. Accounting				
	2b. Legal			505	
	2c. Independent Audit	171		333	
	2d. Other Contractual Services			202	
	TOTAL CONTRACTUAL SERVICES		171	1,040	1,211
3	ADMINISTRATION	8		1194/	
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				No.
	3c. Admin. Overhead			2,156	
	TOTAL ADMINISTRATION		- IIII	2,156	2,156
4	DIRECT PROGRAM STAFF		2		
	4a. Program Salaries	23,901		17,005	
	4b. Program Fringe Benefits	3,837		5,272	
	TOTAL DIRECT PROGRAM	2	27,738	22,277	50,015
5	OTHER COSTS				
	5a. Program Rent	4,848		1,594	
	5b. Consumable Supplies		- Committee - Comm	823	
	5c. Travel & Transportation		- I - Comment of the second	-	
	5d. Utilities			40	31001-312
	5e. Repairs & Maintenance			102	
	5f. Insurance			323	
	5g. Food & Related Costs				
	5h. Other Project Expenses			2,085	
	TOTAL OTHER COSTS		4,848	4,967	9,815
6	EQUIPMENT	***************************************			
7	PROGRAM INCOME		*		
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST		32,756	30,440	63,196

04/09 NORWALK SERVICE AREA FINANCIAL SUMMARY PROGRAM NAME: HHD - Norwalk PROGRAM NUMBER: 14DSS1301Z0/034C-HHD-28 Requested Adjustments Approved **Contract Amount** \$ 92,737 \$ 89,290 For Amendments Only **Previously Approved Contract Amount** Adjustments & New Contract Amount 182,027 \$ Line # Subcategory Line Item Total Adjustments Revised Total (a) (b) (c) (d) **UNIT RATE** 1a. Bed Days 1b. Client Advocate 1c. Security Deposit 1d. Other Unit Rate Costs TOTAL UNIT RATE 2 CONTRACTUAL SERVICES 2a. Accounting 2b. Legal 2,057 1,320 2c. Independent Audit 1,240 871 2d. Other Contractual Services 528 TOTAL CONTRACTUAL SERVICES 3,297 2,719 6,016 **ADMINISTRATION** 3a. Admin. Salaries 3b. Admin. Fringe Benefits 7,068 3c. Admin. Overhead 5,365 TOTAL ADMINISTRATION 7,068 5,365 12,433 4 DIRECT PROGRAM STAFF 4a. Program Salaries 54,708 47,730 19,148 4b. Program Fringe Benefits 14,796 TOTAL DIRECT PROGRAM 73.855 62,526 136,381 OTHER COSTS 5,360 5a. Program Rent 10,889 612 5b. Consumable Supplies 2,426 120 5c. Travel & Transportation 400 5d. Utilities 326 106 5e. Repairs & Maintenance 1,360 264 388 5f. Insurance 845 5g. Food & Related Costs 350 5h. Other Project Expenses 3,750 TOTAL OTHER COSTS 8,516 18,680 27,196 **EQUIPMENT** 7 PROGRAM INCOME 7a. Fees 7b. Other Income TOTAL PROGRAM INCOME

92,737

89,290

182,027

TOTAL NET PROGRAM COST

SIGNATURES AND APPROVALS 034C-HHD-28 / 14DSS1301ZO A1

The Contractor IS NOT a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

Documentation necessary to demonstrate the authorization to sign must be attached.

CONTRACTOR - COMMUNITY ACTION AGENCY OF	WESTERN CONNECTICUT, INC.
Michelle H. James, Executive Director	9/29/15 Date
DEPARTMENT OF SOCIAL SERVICES	
Kathleen M. Brennan Deputy Commissioner KATHLEEN M. BRENNAN	9/30/15 Date
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OFFICE OF THE ATTORNEY GENERAL

This Contract Amendment template having been reviewed and approved by the OAG, it is exempt from review pursuant a Memorandum of Agreement between the Agency and the OAG dated March 19, 2009.